



Student Ministries | Annual Waiver and Release Form

Please Print in ink.

General Information:

Student Name: _____ Age: _____

Year in School: _____ Birthday: _____

Gender: _____ Email: _____

Address: _____

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Guardian's Name: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Medical and Insurance Information:

Medical Insurance Company: _____

Policy Number: _____

Medical Conditions/Allergies: _____

Should the student's activities be restricted for any reason? Please explain:

Photo, Video, & Communication Release:

I, the parent(s) or guardian(s) of the above mentioned student(s), hereby authorize Gashland Evangelical Presbyterian Church to public photographs and videos taken of me and/or the undersigned minor student, and our names, for use in the Gashland Evangelical Presbyterian Church's printed publications, website, and other marketing, outreach, and communication platforms.

I release Gashland Evangelical Presbyterian Church from any expectation of confidentiality for the undersigned minor student and myself and attest that I am the parent or legal guardian of the child listed above and that I have the authority to authorize GEPC to use their photographs, videos, and names. I acknowledge that since participation in printed publications, website, and other marketing, outreach, and communication platforms produced by Gashland Evangelical Presbyterian Church is voluntary, neither the minor nor I will receive financial compensation. I further agree that participation in any printed publications, website, and other marketing, outreach, and communication platforms produced by Gashland Evangelical Presbyterian Church confers no rights of ownership whatsoever.

I release Gashland Evangelical Presbyterian Church, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor.

Medical Waiver and Release

(Name of Student) _____ has my permission for transportation to/ from and participation in events and activities sponsored by Gashland Evangelical Presbyterian Church from the time of June 2017 through May 2018.

In the event of an emergency, this consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named student.

I/We the undersigned have legal custody of the child/minor named above, and have given our consent for him/her to attend event being organized by Gashland Evangelical Presbyterian Church. I/ We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby relate the church, its pastors, employees, agents, interns, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's transportation or involvement. In the event that he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and or/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministry staff member.

Parent/Guardian Signature: _____ Date: _____